

Kevin Kieler
2415 Tremont Ave.
Davenport, IA 52803
608-732-1530
Kielerke@gmail.com



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Clients Name(s): _____

Clients Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternative #: _____

Email: _____

Location: _____ Date: _____

Hours: _____ (start time) _____ (end time)

Light Color: _____

Indicate amount of lights:

_____ Up Lighting *Head table* (\$150) (5 lights)

_____ Up Lighting *Entire room* (\$300) (15 lights) (\$18 for each additional light)

_____ Setup & Teardown of lights (\$75)

Light Placement & Special Instructions:

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Terms of Agreement

Upon signing and returning this contract to the contractor the client agrees to include a **\$100** non-refundable, date saving deposit. Said deposit will be applied to the total balance due. The contractor **must** receive the remainder of the total balance for the event before the event. Should the date or location of the event change for any reason, proper written notice and consideration should be given to contractor.

The Client is solely responsible for the lights and carrying apparatuses from the time they take possession until the time everything is returned. The client will only be responsible for the lights between the start and end times of the event, if setup by Kieleroke. Any damage or theft occurred at the event is the responsibility of the client. In the space below please fill out the Credit card information. The credit card information is for damage or theft of lights. However, nothing will be charged to the credit card until after the contractor has made every attempt to resolve any damages or thefts with the client.

When contractor receives this contract fully completed and including the deposit your date will be saved. The contract will then be reviewed and if no discrepancies are found will be signed and a copy will be sent back to you for your records. Failure to comply with the "Terms of Agreement" can result in termination of contract along with the forfeit of deposit and services. Any questions about anything regarding our services please contact me by any of the following methods: call, text, email, or FB message.

Total Balance \$ _____ Deposit Amount \$ _____

Remaining Balance \$ _____

Credit Card Information:

Full Name on Card _____

Credit Card Number _____ CVV Number _____

Card Type: _____ Zip Code of Card _____

For Kieleroke

For Client

Date

Date